Office of Senator John Edwards *Internship Application*

Last Name	First Name	
PRESENT		
Street Address		
City		
PERMANENT		
Street Address		
City	Zip Code	Phone Number
ACADEMIC INFORMATION		
Name & Locations of College/University		
Major	Overall GPA	Year of Graduation
SUMMER INTERNSHIP If you are interested in a summer internsl ing upon availability, we may not be able applicants is April 3, 2000.		
Summer I	Summer II _	
FALL/SPRING/WINTER INTERNSHIP If you are interested in a spring, fall, or v	vinter internship, ple	ease list your availability.
Will you be receiving college credit?		_
Faculty Sponsor	Phone	Number

ESSAY

On a separate piece of paper, briefly explain why you would like to intern with Senator Edwards. Please forward a completed application, a copy of your resume, a writing sample, and two letters of recommendation to the address below.

The Honorable John Edwards
United States Senate
Attn: Intern Coordinator
225 Dirksen Senate Office Building
Washington, DC 20510